PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 09734973													
	CLAIMS AS FILED - PART I (Column 1) (Column 2)					mn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			39				RA	ΓE	FEE	Ì	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			3 9 minus 20=		· 1	9	X\$	9=		OR	X\$18=	342-00	
INDEPENDENT CLAIMS			∠ m	inus 3 =	* ~		X4	0=		OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT			1		,		.070	2 40-01		
* If	the difference	column 2	+13			OR	+270=	26/2	+13				
	* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II								4.7	OR	TOTAL OTHER	<i>1427-0</i> 7	
	(Column 1) (Column 2) (Column 3)							ALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST BER OUSLY FOR	PRESENT EXTRA	RÀ	Æ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž Q	Total	. 34	Minus	" 3	9	=	X\$	9=		OR	X\$18=		
ME	Independent	• 3	Minus	*** 4	ó	=	X4)=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	<u> </u>			+270=		
								O= OTAL	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OR	TOTAL		
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT	FEE		ÒŖ	ADDIT. FEE		1
<u></u>		(Column 1)		HIGH	HEST MBER				ADDI-			· ADDI-	İ
NDMENT B		REMAINING AFTER AMENDMENT	i	PREVI	OUSLY	PRESENT EXTRA	RA	ΓΕ	TIONAL FEE		RATE	TIONAL FEE	
PMG	Total	*	Minus	**		=	X\$	9=	• .	OR	X\$18=		
AME	Independent	*	Minus	***		=	X4)=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	5-			+270=		
			·			•		OTAL		OR OR	TOTAL		1
		(0.1		(O-I	O\	(Column 0)	ADDIT	FEE			ADDIT. FEE	<u></u>	1
Γ.		(Column 1) CLAIMS		HIG	mn 2) HEST	(Column 3)	I —		ADDI-	1		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER OÚSLY FOR	PRESENT EXTRA	RA	ΓΕ	TIONAL FEE		RATE	TIONAL	
	Total		Minus	**		=	X\$	9=		OR	X\$18=	ï	
	Independent	*	Minus	***]=	X4	 D=		OR	X80=		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					J			1		 	1	
	If the entry in colu	imn 1 is less than	the entry in co	lumn 2. wri	te "0" in c	olumn 3.	+13			OR	+270= TOTAL	<u> </u>	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

Application or Docket Number

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09734973

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	x	Fee	Fee =
- 	Sm./Le.			· · ·	Sm. Entity	Lg. Entity
Basic Filing Fee Total Claims >20 Independent Claims >3 Mult. Dep Claim Present Surcharge	201/101 203/103 202/102 204/104 205/105	<u>39</u> -20 • 3 •	3			342 = 240 = 130 =
English Translation TOTAL FEE CALCULA	139 ATION	· · · · · · · · · · · · · · · · · · ·		· .		
Fees due upon filing to Total Filing Fees Due	. ,	1,4.27	2.00			
Less Filing Fees Subn					. ·	
BALANCE DUE	.=\$					